

Massachusetts General Hospital

55 Fruit Street Boston, MA 02114
(617)726-2000

Patient MGH ID #: 4153827
Patient Name: VERRILL, EMMA
Admit Date: 08/13/2012
Discharge Date: 8/20/2012
Gender: F
Patient DOB: 05/10/1988
Location: GBI26A

Face Sheet - Medical Information

1. Shower daily with soap and water
2. Apply bacitracin, adaptic and DSD to donor site daily
3. Apply bacitracin to buttock wound every other day, cover with DSD

Instructions for follow-up appointments

Your follow-up appointment in the Outpatient Burn Center is scheduled for Tuesday 8/28/12 at 1:30pm.

The Outpatient Burn Center is located on Bigelow 1303. If you need to change any appointments, please call the clinic directly at 617-726-3712. For any questions before you go to clinic, call the Inpatient Nursing Unit at (617) 726-3354. Please call us if you develop fevers, chills, unusual drainage from your wound, or other worrisome symptoms.

If dressing changes are painful have someone drive you to your clinic appointment. Take your pain medication about 20 minutes before your appointment and or bring it with you.

WE ARE NOT ABLE TO ADMINISTER PAIN MEDICATION IN THE CLINIC

Other

O It will be important to decrease the dose of narcotic pain medication as the pain decreases. Drink more fluids or take Colace while on narcotics to prevent constipation. We will discuss other forms of pain medication with you when you come for your clinic appointment. Do not drink alcohol, drive, or enter into any contracts while taking pain medication.

If antibiotics were prescribed to you when you were discharged, please finish all the medication. If for some reason you discontinue this medication please notify us.

Continue/resume all pre-hospital medications.

You may not return to work until all wounds are healed and you are seen in the Outpatient Clinic.

Your primary care physician was notified of your admission. He or she should contact our office if a copy of the discharge summary is desired.

If you, a family member, or friend smoke or use tobacco products, please consider using these resources to help you quit:

MGH Tobacco Treatment Service: 617-726-7443
Massachusetts Smokers' Helpline:
1-800-TRY-TO-STOP
1-800-8DEJAO (En Español/ Em Português)
1-800-TDD-1477 (Hearing Impaired)

Physician Discharging Patient: Maryelizabet Bilodeau, N.P.

Electronically Signed: Maryelizabet Bilodeau, N.P. Date: 08/20/2012 09:32 AM

End of Report

Massachusetts General Hospital

55 Fruit Street Boston, MA 02114
(617)726-2000

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Admit Date: 08/13/2012
Discharge Date: 8/20/2012
Gender: F
Patient DOB: 05/10/1988
Location: GBI26A

Face Sheet - Medical Information**Principal Diagnosis:**

Burn

Associated Diagnosis:

Paraplegia

Operations & Procedures

8/13 - Excision and grafting with autograft to left buttock burn and placement of VAC

Life-Sustaining Treatment (Code Status) at Discharge

Full Code (discussed with patient/surrogate) Entered by: Yufei Chen, M.D.

Discharge Orders**Allergic Reactions, Intolerances and Sensitivities**

o NKA - No Known Allergies

Medications

o OXYBUTYNIN CHLORIDE (DITROPAN) 15 MG PO QPM On Discharge
Last Dose Given: 08/19/2012 at 07:37 PM

o BACLOFEN 30 MG PO BID On Discharge
Last Dose Given: 08/20/2012 at 09:37 AM

o TIZANIDINE 4 MG PO QPM On Discharge
Last Dose Given: 08/19/2012 at 09:28 PM

o IBUPROFEN (MOTRIN) 400 MG PO Q6H PRN: Headache On Discharge
Last Dose Given: 08/14/2012 at 11:33 AM

o OXYCODONE 5 MG PO Q4H PRN: Pain On Discharge

Medication Reconciliation

Discharge medications have been reviewed/reconciled with the pre-admission medication list.

Diet

O No Restrictions

Activities

O No Restrictions

Treatments

O Treatments/Wound Care:



Mercy Hospital
P.O. Box 1801
Portland ME 04104

TO MAKE PAYMENT BY PHONE CALL: (207) 358-5188

PATIENT NAME	ACCOUNT/VISIT NO.	BEGINNING DATE OF SERVICE	ENDING DATE OF SERVICE	STATEMENT DATE
EMMA B	AH0002737288	07/07/12	07/07/12	August 13, 2012

DATE OF SERVICE		SUMMARY OF CHARGES	TOTAL	PAYMENTS/ADJUSTMENTS	
BEGINNING	ENDING				
070712	070712	LABORATORY GENERAL	0.00		
070712	070712	LABORATORY CHEMISTRY	69.79		
070712	070712	LAB BACTERIOLOGY/MICRO	47.48		
070712	070712	LAB UROLOGY	21.76		
070712	070712	EMERGENCY ROOM GENERAL	407.35		
070712	070712	PHARM SELF ADMIN DRUGS	21.23		
070712	070712	PROF FEES EMERGENCY RO	194.21		
.		PAYMENT(S)		732.15	
.		ADJUSTMENT(S)			
NOTE: PAYMENTS RECEIVED AFTER THE STATEMENT DATE WILL APPEAR ON YOUR NEXT STATEMENT		TOTAL CHARGES	\$761.82	YOUR BALANCE	\$29.67
		PAYMENT/ADJUSTMENT	\$732.15	YOUR MINIMUM PAYMENT DUE	\$29.67

IF YOU HAVE QUESTIONS REGARDING YOUR STATEMENT, PLEASE CALL (207) 358-5188.

Due to Federal Privacy Laws we can only discuss financial matters related to this bill with the patient or the preauthorized patient representative.

NOTE: THIS STATEMENT IS FOR HOSPITAL SERVICES ONLY. YOU MAY RECEIVE A SEPARATE STATEMENT FOR RELATED PHYSICIAN OR PROFESSIONAL SERVICES.

IMPORTANT MESSAGE

Thank you for choosing Mercy Hospital for your health care needs. We billed your insurance for this visit and you are now responsible for the remaining balance. If you are financially unable to pay the bill you may qualify for free or reduced medical care. To determine if you are eligible for State/Federal assistance please contact us.

29ONBCAF01354

Detach and send bottom portion with your payment and retain top portion for your records.



Mercy Hospital
P.O. Box 1801
Portland ME 04104

CHANGE SERVICE REQUESTED

BILL DATE August 13, 2012		ACCT/VISIT NUMBER AH0002737288
BALANCE DUE \$29.67	MINIMUM DUE \$29.67	AMOUNT PAID

WE ACCEPT:

PLEASE SEE
REVERSE SIDE
FOR DETAILS

☐ ADDRESS OR INSURANCE INFORMATION CHANGES ON BACK

If paying by check, please indicate the Acct/Visit Number on your check.

PLEASE MAKE CHECK PAYABLE AND REMIT TO:

AH0002737288-354 851466254



JEFFREY VERRILL
214 Morton Rd
Yarmouth ME 04096-5706

Mercy Hospital
P.O. Box 1801
Portland ME 04104

AH000273728880000000296770000000000003

Massachusetts General Hospital

55 Fruit Street Boston, MA 02114
(617)726-2000

Patient MGH ID #: 4153827
Patient Name: VERRILL, EMMA
Admit Date: 08/13/2012
Discharge Date: 8/20/2012
Gender: F
Patient DOB: 05/10/1988
Location: GBI26A

Nursing Discharge Note

Current Nursing Diagnosis/Patient Problems and Planned Interventions:

Alt in skin-

Please shower daily and if not showering please gently wash wounds.

Please apply baci to L thigh donor site with aseptec and dry dressing.

Please apply a thin layer of baci to edges and applied abd pad.

Alt in Pain-

Please take pain meds as prescribed and as pain decreases please decrease use.

Alt in Gu/Gi-Please increase your fluid and fiber intake to prevent constipation. Please cont with bowel regimen.

Risk for ID-Please monitor for s/s of infection such as an increase in pain, a different type of pain, redness, foul smelling draining, nausea vomiting chills and temp greater than 100.5-Please call MD.

Registered Nurse: Laurie G. Eiermann, R.N.

Referral Called to: _____
Agency Name

Spoke with: _____
Intake Person Name

Referral Called by: _____
RN Name

Date

End of Report



Claim received for EMMA B VERRILL
 Reference # 7651224095180
 ID U44694605

THIS IS NOT A BILL



Claim detail

CIGNA received this claim on August 27, 2012 and processed it on August 31, 2012.

Service dates	Type of service	Amount billed	Discount	Amount not covered	Covered amount	Copay/ What your plan Deductible	What your plan paid	% paid	Coinsurance*	See notes
JEREMY GOVERMAN MD, Reference # 7651224095180										
08/06/12	PHYSICIAN	338.00	106.95	0.00	231.05	0.00	184.84	80	46.21	A
Total		\$338.00	\$106.95	\$0.00	\$231.05	\$0.00	\$184.84		\$46.21	

* After you have met your deductible, the costs of covered expenses are shared by you and your health plan. The percentage of covered expenses you are responsible for is called coinsurance.

What I need to know for my next claim

You've paid a total of \$2,658.18 toward your \$6,000 out of network deductible for 2012
 You've paid a total of \$2,658.18 toward your \$3,000 IN NETWORK DEDUCTIBLE for 2012
 You've paid a total of \$4,350.19 toward your \$22,000 out of network out of pocket expenses for 2012
 You've paid a total of \$4,350.19 toward your \$11,000 in network out of pocket expenses for 2012

Notes

A - THANK YOU FOR USING THE TUFTS HEALTH PLAN NETWORK. THIS REPRESENTS YOUR SAVINGS, SO YOU ARE NOT REQUIRED TO PAY THIS AMOUNT. THIS PROVIDER IS PROHIBITED FROM BILLING THE PATIENT FOR THE DIFFERENCE. IF YOU HAVE ALREADY PAID THE FULL AMOUNT, PLEASE REQUEST REIMBURSEMENT FROM YOUR PROVIDER.

Additional appeal information related to the Patient Protection and Affordable Care Act of 2010

If you would like to request information about the specific diagnosis and treatment codes submitted by your Health Care Professional, please either contact your Health Care Professional, or go to http://www.cigna.com/privacy/privacy_healthcare_forms.html or call the Customer Service number on the back of your ID card.

If you are not satisfied with the final internal review, you may be able to ask for an independent, external review of our decision, as determined by your plan and any state or federal requirements. For questions about your appeal rights or for assistance, you can contact the Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.askebsa.dol.gov. Assistance may also be available through the below consumer assistance or ombudsman program(s):

State	Contact Information
Maine	Consumer for Affordable Health Care, 12 Church Street, PO Box 2490, Augusta, ME 04338-2490 (800) 965-7476 www.maine cahc.org consumerhealth@maine cahc.org



Claim received for EMMA B VERRILL
 Reference # 7651223798206
 ID U44694605

THIS IS NOT A BILL

Claim detail

CIGNA received this claim on August 24, 2012 and processed it on August 27, 2012.

Service dates	Type of service	Amount billed	Discount	Amount not covered	Covered amount	Copay/ What your plan paid	% paid	Coinsurance*	See notes
CARECENTRIX INC, Reference # 7651223798206									
08/08/12	SUPPLIES	516.60	0.00	0.00	516.60	0.00	413.28	80	103.32
08/08/12	SUPPLIES	318.90	0.00	0.00	318.90	0.00	255.12	80	63.78
08/08/12	DURABLE EQUIP.	689.04	0.00	0.00	689.04	0.00	551.23	80	137.81
Total		\$1,524.54	\$0.00	\$0.00	\$1,524.54	\$0.00	\$1,219.63		\$304.91

* After you have met your deductible, the costs of covered expenses are shared by you and your health plan.
 The percentage of covered expenses you are responsible for is called coinsurance.

What I need to know for my next claim

You've paid a total of \$2,658.18 toward your \$6,000 out of network deductible for 2012
 You've paid a total of \$2,658.18 toward your \$3,000 IN NETWORK DEDUCTIBLE for 2012
 You've paid a total of \$3,834.09 toward your \$22,000 out of network out of pocket expenses for 2012
 You've paid a total of \$3,834.09 toward your \$11,000 in network out of pocket expenses for 2012

Other important information that I need to know

PAYMENT FROM YOUR CHOICE FUND HSA IS NOT A DETERMINATION IF THESE ARE QUALIFIED EXPENSES UNDER FEDERAL TAX LAW. PLEASE CONSULT YOUR TAX ADVISOR. INSUFFICIENT FUNDS WERE AVAILABLE IN THE CHOICE FUND HSA ACCOUNT TO COVER THE ENTIRE PATIENT LIABILITY.

Additional appeal information related to the Patient Protection and Affordable Care Act of 2010

If you would like to request information about the specific diagnosis and treatment codes submitted by your Health Care Professional, please either contact your Health Care Professional, or go to http://www.cigna.com/privacy/privacy_healthcare_forms.html or call the Customer Service number on the back of your ID card.

If you are not satisfied with the final internal review, you may be able to ask for an independent, external review of our decision, as determined by your plan and any state or federal requirements. For questions about your appeal rights or for assistance, you can contact the Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.askebsa.dol.gov. Assistance may also be available through the below consumer assistance or ombudsman program(s):

State	Contact Information
Maine	Consumer for Affordable Health Care, 12 Church Street, PO Box 2490, Augusta, ME 04338-2490 (800) 965-7476 www.maineahc.org consumerhealth@mainecahc.org

RETAIN THIS FOR YOUR RECORDS.



Claim received for EMMA B VERRILL
 Reference # 7651221295033
 ID U44694605



THIS IS NOT A BILL

Claim detail

CIGNA received this claim on July 30, 2012 and processed it on August 1, 2012.

Service dates	Type of service	Amount billed	Discount	Amount not covered	Covered amount	Copay/ Deductible	What your plan paid	% paid	Coinsurance*	See notes
WALTER F KELLER DO, Reference # 7651221295033										
07/11/12	PHYSICIAN	160.27	88.51	0.00	71.76	0.00	57.41	80	14.35	A
Total		\$160.27	\$88.51	\$0.00	\$71.76	\$0.00	\$57.41		\$14.35	

* After you have met your deductible, the costs of covered expenses are shared by you and your health plan.
 The percentage of covered expenses you are responsible for is called coinsurance.

What I need to know for my next claim

You've paid a total of \$1,177.44 toward your \$6,000 out of network deductible for 2012

You've paid a total of \$1,177.44 toward your \$3,000 IN NETWORK DEDUCTIBLE for 2012

You've paid a total of \$1,776.01 toward your \$22,000 out of network out of pocket expenses for 2012

You've paid a total of \$1,776.01 toward your \$11,000 in network out of pocket expenses for 2012

Notes

A - CUSTOMER: THANK YOU FOR USING CIGNA'S OPEN ACCESS PLUS NETWORK. THE TOTAL SHOWN IS HOW MUCH YOU SAVED. YOU DON'T NEED TO PAY THAT AMOUNT. IF YOU ALREADY PAID THE FULL AMOUNT, PLEASE ASK YOUR HEALTH CARE PROFESSIONAL FOR A REFUND. HEALTH CARE PROFESSIONAL: YOUR CIGNA AGREEMENT DOES NOT ALLOW YOU TO BILL THE PATIENT FOR THE DIFFERENCE. IF YOU ARE IN INDIANA, CALIFORNIA OR TENNESSEE, PLEASE CONTACT CIGNA CUSTOMER SERVICE AT 1.800.88CIGNA (882.4462) FOR INFORMATION ON YOUR DISCOUNTED RATE.

Additional appeal information related to the Patient Protection and Affordable Care Act of 2010

If you would like to request information about the specific diagnosis and treatment codes submitted by your Health Care Professional, please either contact your Health Care Professional, or go to http://www.cigna.com/privacy/privacy_healthcare_forms.html or call the Customer Service number on the back of your ID card.

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State	Contact Information
Maine	Consumer for Affordable Health Care, 12 Church Street, PO Box 2490, Augusta, ME 04338-2490 (800) 965-7476 www.maineacahc.org consumerhealth@maineacahc.org



Claim received for EMMA B VERRILL
 Reference # 7651221295234
 ID U44694605



THIS IS NOT A BILL

Claim detail

CIGNA received this claim on July 30, 2012 and processed it on August 4, 2012.

Service dates	Type of service	Amount billed	Discount	Amount not covered	Covered amount	Copay/ Deductible	What your plan paid	% paid	Coinsurance*	See notes
MERCY HSP, Reference # 7651221295234										
07/11/12	DRUGS	20.15	2.01	0.00	18.14	0.00	14.51	80	3.63	A
Total		\$20.15	\$2.01	\$0.00	\$18.14	\$0.00	\$14.51		\$3.63	

* After you have met your deductible, the costs of covered expenses are shared by you and your health plan. The percentage of covered expenses you are responsible for is called coinsurance.

Notes

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Additional appeal information related to the Patient Protection and Affordable Care Act of 2010

If you would like to request information about the specific diagnosis and treatment codes submitted by your Health Care Professional, please either contact your Health Care Professional, or go to http://www.cigna.com/privacy/privacy_healthcare_forms.html or call the Customer Service number on the back of your ID card.

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State	Contact Information
Maine	Consumer for Affordable Health Care, 12 Church Street, PO Box 2490, Augusta, ME 04338-2490 (800) 965-7476 www.maine cahc.org consumerhealth@mainecahc.org



Claim received for EMMA B VERRILL
 Reference # 7651221499688
 ID U44694605



THIS IS NOT A BILL

Claim detail

CIGNA received this claim on August 1, 2012 and processed it on August 3, 2012.

Service dates	Type of service	Amount billed	Discount	Amount not covered	Covered amount	Copay/Deductible	What your plan paid	% paid	Coinsurance*	See notes
VIKTOR BALLADA MD, Reference # 7651221499688										
07/23/12	PHYSICIAN	513.80	445.82	0.00	67.98	0.00	54.38	80	13.60	A
Total		\$513.80	\$445.82	\$0.00	\$67.98	\$0.00	\$54.38		\$13.60	

* After you have met your deductible, the costs of covered expenses are shared by you and your health plan. The percentage of covered expenses you are responsible for is called coinsurance.

What I need to know for my next claim

You've paid a total of \$1,177.44 toward your \$6,000 out of network deductible for 2012

You've paid a total of \$1,177.44 toward your \$3,000 IN NETWORK DEDUCTIBLE for 2012

You've paid a total of \$1,893.24 toward your \$22,000 out of network out of pocket expenses for 2012

You've paid a total of \$1,893.24 toward your \$11,000 in network out of pocket expenses for 2012

Other important information that I need to know

FINAL PAYMENT DETERMINATION WILL FOLLOW THE REVIEW OF AVAILABLE FUNDS IN A CIGNA HEALTHCARE HEALTH SAVINGS ACCOUNT OR FLEXIBLE SPENDING ACCOUNT.

Notes

A - CUSTOMER: THANK YOU FOR USING CIGNA'S OPEN ACCESS PLUS NETWORK. THE TOTAL SHOWN IS HOW MUCH YOU SAVED. YOU DON'T NEED TO PAY THAT AMOUNT. IF YOU ALREADY PAID THE FULL AMOUNT, PLEASE ASK YOUR HEALTH CARE PROFESSIONAL FOR A REFUND. HEALTH CARE PROFESSIONAL: YOUR CIGNA AGREEMENT DOES NOT ALLOW YOU TO BILL THE PATIENT FOR THE DIFFERENCE. IF YOU ARE IN INDIANA, CALIFORNIA OR TENNESSEE, PLEASE CONTACT CIGNA CUSTOMER SERVICE AT 1.800.88CIGNA (882.4462) FOR INFORMATION ON YOUR DISCOUNTED RATE.

EDGE PARK MEDICAL SUPPLIES
1810 SUMMIT COMMERCE PARK
TWINSBURG, OH 44087

BUSINESS HOURS : Weekdays: 8:00 am - 9:00 pm EST
Sat: 9:00 am - 3:00 pm EST

EPS

Phone: (330) 963-6996
(800) 321-0591

CUSTOMER NAME: EMMA B VERRILL

SERVICE REP: EAG
DELIVERY NUMBER: 15655324
ORDER #: 1920823
SHIP DATE: 7/10/2012
AUTH. #: 1920823
ACCT: 4551075647

EMMA B VERRILL
214 MORTON RD
YARMOUTH, ME 04096-5706

SHIP TO:
EMMA B VERRILL
214 MORTON RD
YARMOUTH, ME 04096-5706

Insurance Code - 7049

ITEM#	QTY ORD	QTY SHP	UOM	DESCRIPTION	UNIT	AMOUNT	COVERAGE
WE6280	2	2	EA	USP Normal Sterile Saline Screw Top Container 500mL	6.01	12.02	Y
ZGIX59	60	60	EA	ReliaMed Medicated Petroleum Gauze 5" X 9", Sterile, Each	5.79	347.40	Y
ZG810S	3	3	BX	ReliaMed Abdominal Pad, Sealed End, Sterile, 8" x 10", 25/Box	32.45	97.35	Y
881629	6	6	BX	Tegaderm Transparent Adhesive Film Dressing Frame Style 8" x 12"	178.04	1068.24	Y
ZG4412S	6	6	TY	ReliaMed Gauze Dressing/Sponge, Sterile, 4" x 4", 12 Ply, 25/Tray	13.91	83.46	Y

Order Comment : URGENT

PER PT MOTHER, THERE IS AN HRA ACCOUNT, AND PLEASE USE FOR THIS ORDER

SUBTOTAL: 1608.47
TAX: 0.00
TOTAL: 1608.47

-----Cash Due Upon Delivery-----

-----NON COVERED	-----CO-INS-CO-PAY	DEDUCT	TAX	TOTAL AMOUNT
-----30.00	-----138.75	0.00	0.00	168.75

Ship Method: UPS-Air-Next Day PM

Paying By : CreditCard

DO NOT USE THIS DOCUMENT FOR CLAIMING MEDICARE INSURANCE BENEFIT. A CLAIM HAS BEEN OR WILL BE SUBMITTED
TO YOUR INSURANCE ON YOUR BEHALF. THANK YOU FOR YOUR ORDER.

'B/O' INDICATES AN ITEM (OR ITEMS) YOU ORDERED IS NOT IN STOCK. WE WILL SHIP IT TO YOU AS SOON AS IT IS
AVAILABLE.

NOTE: PRODUCT RETURNS ARE NOT ACCEPTED AFTER 30 DAYS !
Be sure to visit our new and improved website, www.edgepark.com.
To log in, you'll need your account number which is 4551075647

THIS IS NOT A BILL.





Claim received for EMMA B VERRILL
 Reference # 7651221392299
 ID U44694605

THIS IS NOT A BILL



Claim detail

CIGNA received this claim on July 30, 2012 and processed it on August 2, 2012.

Service dates	Type of service	Amount billed	Discount	Amount not covered	Covered amount	Copay/Deductible	What your plan paid	% paid	Coinsurance*	See notes
EDGE PARK, Reference # 7651221392299										
07/27/12	SUPPLIES	1,068.24	588.24	0.00	480.00	0.00	384.00	80	96.00	A
07/27/12	SUPPLIES	83.46	65.46	0.00	18.00	0.00	14.40	80	3.60	A
Total		\$1,151.70	\$653.70	\$0.00	\$498.00	\$0.00	\$398.40		\$99.60	

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What I need to know for my next claim

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 You've paid a total of \$1,177.44 toward your \$3,000 IN NETWORK DEDUCTIBLE for 2012
 You've paid a total of \$1,875.61 toward your \$22,000 out of network out of pocket expenses for 2012
 You've paid a total of \$1,875.61 toward your \$11,000 in network out of pocket expenses for 2012

Other important information that I need to know

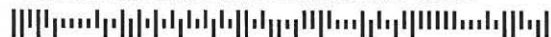
PAYMENT FROM YOUR CHOICE FUND HSA IS NOT A DETERMINATION IF THESE ARE QUALIFIED EXPENSES UNDER FEDERAL TAX LAW. PLEASE CONSULT YOUR TAX ADVISOR. INSUFFICIENT FUNDS WERE AVAILABLE IN THE CHOICE FUND HSA ACCOUNT TO COVER THE ENTIRE PATIENT LIABILITY.

Notes

A - CUSTOMER: THANK YOU FOR USING CIGNA'S OPEN ACCESS PLUS NETWORK. THE TOTAL SHOWN IS HOW MUCH YOU SAVED. YOU DON'T NEED TO PAY THAT AMOUNT. IF YOU ALREADY PAID THE FULL AMOUNT, PLEASE ASK YOUR HEALTH CARE PROFESSIONAL FOR A REFUND. HEALTH CARE PROFESSIONAL: YOUR CIGNA AGREEMENT DOES NOT ALLOW YOU TO BILL THE PATIENT FOR THE DIFFERENCE. IF YOU ARE IN INDIANA, CALIFORNIA OR TENNESSEE, PLEASE CONTACT CIGNA CUSTOMER SERVICE AT 1.800.88CIGNA (882.4462) FOR INFORMATION ON YOUR DISCOUNTED RATE.

August 3, 2012

0000051 20120804 HH174101 ZIR-MAIL 1 OZ DOM HH17410000* 159988 P4



EMMA VERRILL
214 MORTON RD
YARMOUTH ME 04096-5706

THIS IS NOT A BILL



Thank you for choosing Byram Healthcare as your healthcare provider. We appreciate your business and thank you for your recent order.

Based on the insurance information we received, we verified your coverage benefits for the specific supplies on invoice 14616284 dated 08/03/2012. Although the quote from your insurance carrier **does not guarantee payment**, listed below are benefits and coverage details we were given:

THIS IS NOT A BILL

Product(s):	WOUND CARE
Primary Insurance:	CIGNA HEALTHCARE
Co-Insurance % Owed:	20%
Annual Deductible \$\$ Amount:	\$3000.00
Has your deductible been met:	NO
Secondary Insurance (if applicable):	N/A

- ❖ If your plan has a deductible or out of pocket dollar amount that needs to be met before payments are made by your insurance plan, you will receive an invoice from Byram notifying you of your responsibility.
- ❖ Similar to when you visit your doctor, if your plan requires you to pay a co-insurance amount on your invoices, Byram will request any amount owed at the time you place your next order.
- ❖ Please notify us if your coverage changes. If your coverage changes and Byram is unable to reconfirm benefits under your new plan, you may incur higher expenses or your order may be delayed. We encourage you to reconfirm your plan benefits by calling the phone number on the back of your card.
- ❖ If you have any questions relating to your benefit coverage please contact us at 1-866-791-5797.
- ❖ For product information or to place a reorder, please visit our website at www.byramhealthcare.com.
- ❖ Thank you again for doing business with Byram Healthcare.

